## 2000-2001

## Gifted and Talented Education (GATE) OBJECTIVES-BASED BUDGET

Maureen Olsen, GATE Consultant Toni Minoletti, Graduate Assistant California Department of Education Professional Development & Curriculum Support Division 721 Capitol Mall Professional Development & Curriculum Support Division 721 Capitol Mall Inquiries to: Phone: (916) 657-5257	LaDona Hein, GATE Consultant	District Name and Mailing Address:
Toni Minoletti, Graduate Assistant California Department of Education Professional Development & Curriculum Support Division 721 Capitol Mall CDS Code:	,	
California Department of Education Professional Development & Curriculum Support Division 721 Capitol Mall Sacramento, CA 95814  Inquiries to: Phone:   Date:   Fax:    Certification: I bereby certify that all applicable state and federal rules and regulations will be observed in the expenditure of GATE funds and that to the best of my knowledge the information herein is accurate and complete.  Parent Participation: Signature of District Superintendent   Date    Parent Participation: Parent Participation: Date of GATE Farent/Teacher Advisory Committee (highly recommended, but not required) Or Date of School Site Council(s) review of this budget:    District applied through IASA, Local Improvement Plan (LIP).   District application includes one or more Charter Schools.   District will serve 50 or fewer GATE students.   District will serve 50 or fewer GATE students.   District intends to be part of a GATE Consortium.   District serves grades: K-1	,	CA
Professional Development & Curriculum Support Division 721 Capitol Mall Scaramento, CA 95814  Inquiries to: Phone: (916) 657-5257	,	
Sacramento, CA 95814 Inquiries to:   Name of GATE Program Manager/Coordinator:   Phone:     Date:   Telephone:   Fax:   Telephone:   Fax:   Telephone:   Fax:   Telephone:   Telephone:   Fax:   Telephone:   Fax:   Telephone:   Telephone:   Fax:   Telephone:   Telephone:   Fax:   Telephone:   Telephone:   Fax:   Telephone:   Telephone:   Telephone:   Telephone:   Fax:   Telephone:   Telephone:   Telephone:   Telephone:   Telephone:   Telephone:   Fax:   Telephone:   Tele	<u>+</u>	County:
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Inquiries to: Phone: (916) 657-5257	•	<u></u>
Phone: (916) 657-5257 E-mail:	,	Name of GATE Program Manager/Coordinator:
Person Completing Report: Date: Telephone: Fax:	<u> -</u>	
Phone: Date: Fax:	, ,	
Certification: I hereby certify that all applicable state and federal rules and regulations will be observed in the expenditure of GATE funds and that to the best of my knowledge the information herein is accurate and complete.  The local governing board has determined the most appropriate educational program for participating students (EC Section 52206).  Year of local governing board approval of Full GATE Application  Year of local governing board approval of Full GATE Application  Year of local governing board approval of Full GATE Application  The local governing board approval of Full GATE Application  Year of local governing board approval of Full GATE Application  Year of local governing board approval of Full GATE Application  Year of local governing board approval of Full GATE Application  The local governing board has determined the most appropriate educational program for participating students (EC Section 52206).  Year of local governing board approval of Full GATE Application  The local governing board has determined the most appropriate educational program for participating students (EC Section 52206).  Year of local governing board approval of Full GATE Application  The local governing board has determined the most appropriate educational program for participating students (EC Section 52206).  Year of local governing board approval of Full GATE Application  The local governing board has determined the most appropriate educational program for participating students (EC Section 52206).  Year of local governing board approval of Full GATE Application  The local governing board approval of Full CATE Application  The local governing board approval of Full CATE Application  The local governing board approval of Full CATE Application  The local governing board approval of Full CATE Application  The local governing board approval of Full CATE Application  The local governing board approval of Full CATE Application  The local governing board approval of Full CATE Application  The local governing board app		
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<b>District serves grades:</b> K-1K-6K-87-129-12	Current number of identified GATE students:	
Reviewer (s) Date	<b>District serves grades:</b> K-1K-6K-87-129-1	
2 400		Reviewer (s) Date

District Name:	
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	Proposed Budget Plan for 2000-2001			Use the column below to relate your budget to your approved application.  Budget updates without explanations of expenditures will be returned.
Line	Code	Classification	Amount	Explanation of Budget Expenditure
1	1000	Certificated Personnel Salaries		
2	1100	Teacher Salaries		
3	1200	School Administrator Salaries		
4	1300	Supervisor Salaries		
5	1500	Guidance and Welfare Attendance Salaries		
6	1800	Administrator Salaries (certificated non-instructional)		
7	1900	Other Certificated Salaries		
8	2000	Classified Personnel Salaries		
9	2100	Instructional Aides		
10	2200	Administrator Salaries		
11	2300	Clerical and Other Office Salaries		
12	2900	Other Classified Salaries (specify)		
13	3000	Employee Benefits		

		District Name:					
Proposed Budget Plan for 2000-2001				Use the column below to relate your budget to your approved approved approved updates without explanations of expenditures will be re	1		
Line	Code	Classification	Amount	Explanation of Budget Expenditure			
14	4000	Book and Supplies (including computer software)					
15	5000	Services and Other Operating Expenditures					
16	6000	Capital Outlay (including computer equipment)					
17	7000	Indirect Costs (maximum of 3%)					
18		TOTAL PROPOSED EXPENDITURES					
19		Expected GATE Apportionment					
20		1999-00 Carryover (if any) Describe how carryover will be spent.					
21		Amount district adds to GATE funding (if any)					
If distr	rict included	des GATE in any site-level School-Based Coordi ch site on the lines below. Check here if ALL sch	nated Programs (SBC	Coordinated Programs  CPs) or Charter Schools, please list the names of the schools and the amount of Geive GATE funds as SBCP participants:	SATE funds		
Schoo	l		<b>GATE Funds</b>	School GA	ATE Funds		